

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	07/12/2020 20:17 (SGT)
Date of Accident	06/12/2020 16:31 (SGT)
Exact Location of Accident	Angullia Park, Singapore
Additional Location Information	PUBLIC CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV8727B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LAI YEOW MING
NRIC No	SXXXX368B
Email Address	ymlai.89@gmail.com
Mobile Phone No	(Phone) +65-97606374
Alternative Phone No	+65-97606374

VEHICLE PARTICULARS

Manufacturer	LandRover
Model	Land rover
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Lonpac
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	Z/20/VP00/10536
Cover Note Number	-

DRIVER

Name of Driver	LAI YEOW MING
NRIC No	SXXXX368B
Date Of Birth	04/04/1989
Occupation	Indoor

Date Of Driving Pass	02/09/2008
Driving experience	12 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97606374
Alt. Phone Number	+65-97606374
Email Address	ymlai.89@gmail.com
Address	BLK 612 JURONG WEST STREET 65
Address complement	#08-500
Postcode	640612
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WIFE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE1036Y
Vehicle Manufacturer	Mercedes
Vehicle Model	Glc250
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

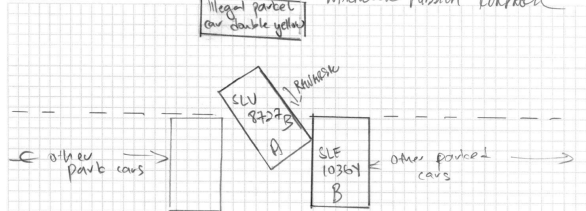
SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(ii) investigating the accident and/or my claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time: [Signature] 16/25/2020
Driver's Signature (If driver is not the policyholder) / Date & Time: [Signature] 07/12/2020
Witnessed by Reporting Centre Personnel: [Signature]

Sketch Plan



A) SLV 87273
B) SLV 10364

Describe Circumstances of the Accident

On 06 Dec 20, 1420 hrs, I arrived at the open public car park. The parking space was limited but there was a ~~few~~ empty lot with a illegal parked car in front of the empty lot, on a double yellow line. No one was in the vehicle at the moment.

I attempted to force the lot but it was too narrow and I reversed into vehicle SLE 10364 on his passenger door.

I waited for the driver of SLE 10364 and we exchanged contacts on the spot. He arrived at 1431 hrs.

Declaration

We declare the foregoing particulars are true in every respect.

[Signature] 16/12/20
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

[Signature] 07/12/2019
[Signature]























GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S65590290 / GST Reg. No.: M40017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN0820C7000C Vehicle Registration No : SLV 8727B
 Name (as shown in NRIC) : LOI YAN MING NRIC/FIN/Passport No : SX99X 368B
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : 97606374
 Email Address : _____
 Date of Accident : 16/3 Time of Accident : 6/12/2020 1
 Place of Accident : ANGULIA PARK CARPARK
 Insurance Company : LOKAPAX

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- ① Insured Vehicle Number to SLV 8727B
 ② Insured Park
- _____

Policyholder / Driver's Signature
 Date: _____

Reporting Centre Personnel's Signature
 Name: Karl Muthu